AMRIT

A Rigorous Chronicle of an Inner Investigation
Spanning More Than Forty Years
Read in the Light of Plausible Physiological Hypotheses

Analysis and writing developed with ChatGPT Thinking 5.4.

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Preliminary Note

What follows does not seek to turn an inner experience into dogma, nor to reduce it to a thin explanation. It arises from an observation sustained over decades and is accompanied by plausible physiological hypotheses wherever they help clarify the process. Whenever something appears as a certainty, it refers to what was observed by the one who underwent the experience. Whenever something appears as a possibility, it refers to an interpretive reading whose aim is to illuminate the phenomenon, not to close it prematurely.

The Beginning

Not all important processes begin with illumination. Some begin with discomfort, awkwardness, or an intuition one barely knows how to name. In this case, the starting point was not a brilliant idea but a concrete practice sustained over years until it revealed a logic of its own. What appeared first was not a metaphysics but a technique: drawing the tongue backwards. And the first thing that technique imposed was not a reward but a limitation. At the beginning, the sublingual frenulum greatly restricts the range of movement. The tongue can barely move back, and any attempt to go further runs up against the limits of tissue, reflex, and the body's habitual ways.

That mechanical detail, apparently minor, turns out to be decisive. If one looks at it calmly, it already contains an important lesson: the process does not simply consist in placing the tongue somewhere, but in allowing the body to adapt little by little to an unusual manoeuvre. That is why the traditional idea of cutting the frenulum to gain reach seems, from within this experience, like a clumsy shortcut. It would facilitate the gesture, yes, but it might also cancel a stage of adaptation that belongs to the process itself. This is not a dead posture but a gradual transformation of sensitivity, elasticity, tolerance, and physiological response.

In the novice phase, the practice still presents itself in a raw form. The tongue moves backwards, first brushing the uvula, triggering gagging, and those gag reflexes immediately echo in the stomach. It is not a simple isolated nausea: the stomach contracts, shakes itself, and enters the scene as if something had been commanded from above. At the same time, the taste of the saliva begins to change. Most often a salty nuance appears first, fine and subtle, followed by a more evident sweetness, sometimes together, sometimes in sequence.

The Novice Phase

At that first stage, the altered saliva descends into the stomach. There it does not behave like a neutral secretion. It activates the gastric juices, causes gurgling, stirs the contents, and in certain people, especially if there is already a predisposition to acidity, it can generate irritability, a rise in thermal sensation, and bad temper. The beginner may then believe the practice does not suit him and abandon it. Yet a subtler reading suggests something else: it does not seem like simple harm, but rather a sharp correction of a terrain that was already out of balance.

Experience suggests that this first digestive agitation is not limited to the acidic pole. Later on there also seems to be a cleaning or adjustment of the stomach's mucous, protective side. Just as excess acid shows itself first, later an excess of mucus or poorly regulated protective residue seems to be mobilised. What matters is that, if one perseveres, the picture changes: the discomfort subsides, the system stabilises, and a sense of digestive balance becomes established. Then appetite decreases, but not because of weakness. It decreases as if the organism had entered another economy of energy and no longer needed to ask for so much food.

At the same time, other effects appear which, although they begin here, do not belong only to the beginner and continue in later phases. Concentration increases. The mind can focus more easily. Breathing begins to slow and widen. One does not breathe faster or anxiously, but better: more slowly, with greater breadth, and with a sense of making fuller use of the air. Tastes also change. Flavours that once had a strong pull lose some of that attraction without provoking aversion, while others begin to seem more fitting or more natural. Strength and endurance also increase. That may be due partly to improved breathing, partly to concentration, or to both at once.

With accumulated practice there appears a natural well-being, a joy without excitement, and a mental peace that marks the boundary between a still crude technique and the beginning of true maturation. The rough digestive side gradually recedes, and what remains is what seems to be the most stable core of the process: less noise, more energy, greater concentration, and greater serenity.

The Passage into Maturity

The mature phase begins when the tongue no longer merely brushes the uvula but passes beyond it, overcomes the gag reflexes, and reaches the back wall of the throat. The trajectory changes. The tongue does not only move backwards; it must rise slightly as well. The point of support, according to repeated observation, is located on the upper posterior wall of the oropharynx, centred, roughly at the height where the uvula is left behind and the soft palate begins to leave the passage open. In that area, under sustained pressure, a small elongated protuberance appears from which a substance different from ordinary saliva is secreted.

That substance is what is here called amrit in its coarse aspect. It does not appear as a great discharge but as a dripping. It is sweet, denser than saliva, with the quality of a soft, clean mucus, and it mixes with ordinary saliva before descending. At this point prudence is necessary. Nothing compels us to think that it is a single miraculous molecule. The most reasonable picture is that of a differentiated local secretion, perhaps a mixture of mucins, modified salivary components, and other local mediators. Opiorphin, for example, present in human saliva and capable of potentiating the action of endogenous opioids, offers a suggestive clue, though not an exclusive one. It would not be the whole explanation, but it is one of the few serious candidates that allows us to imagine a bridge between local secretion and calming effect.

There is another fundamental detail: coarse amrit should not be forced before the breathing has adapted. Before it forms properly, yawns appear, as if the system had to discharge an old, burdened, coarse, or insufficiently cleared way of breathing. As long as that adaptation is not complete, it is difficult to sustain the pressure, and swallowing the secretion produces physical discomfort. Only when the breathing clears and stabilises does a better quality of the process appear. Then the substance, swallowed under good conditions, calms and refreshes the digestive system, and in the chest it awakens a sensation that may range from simple well-being to a fullness difficult to express in ordinary language.

Breathing as the Key

From this point onward, it becomes clear that breathing does not accompany the process from outside: it governs it from within. With the proper support of the tongue, the apparent need to breathe is reduced further, yet at the same time the nostrils open spontaneously and the air enters better, more slowly, and over a longer span. Inhalation and exhalation tend to become equal. All

this suggests that we are not dealing with a mere postural fixation but with a reorganisation of the ventilatory pattern and, with it, of the general autonomic tone.

This respiratory change may be one of the reasons why the practice affects the state so deeply. Slow, deep breathing does not only alter gas exchange; it modulates the autonomic nervous system, changes bodily perception, alters the way attention is organised, and may even influence cerebrospinal fluid dynamics. There is no need to turn this into a grand theory in order to grant it importance. It is enough to admit that, if a technique truly reorders breathing, it is logical that it should reverberate in the stomach, the chest, the mind, and the felt sense of energy.

The Posterior Wall as a Point of Redistribution

Closer observation at this phase reveals something even more interesting. The central point of contact on the posterior wall does not merely produce a secretion. It behaves like a zone that redistributes the process according to the direction of pressure.

When the pressure is directed straight backwards from the centre, the effect appears homogeneous and unified. Four foci become clear: the centre of the forehead, the centre of the chest, the upper part of the head just behind the fontanelle, and the nape rising along both sides. The important thing is that these are not felt as separate pieces but as stations of one and the same axis. And here there is a decisive nuance: the heart is not activated as a pump, but the chest as an energetic centre, serene and expansive.

When the pressure is directed upwards, the other foci diminish greatly and a clearly cephalic axis predominates. Visual concentration increases strongly, the so-called inner eye becomes dominant, and an internal auditory pressure appears, accompanied by a subtle buzzing, as if the ears were under water. Curiously, the secretion does not change, or at least no change is perceived. Everything suggests that this direction does not alter the material base of the process so much as its perceptual projection.

When the pressure is directed downwards, the picture changes again. The posture of the nape corrects itself spontaneously, the lower jaw approaches the neck without forcing the throat, the heart rate increases, and so does the strength of the beat. Energy shifts more towards the abdomen and the navel. Here the heart does come onto the scene as a function, but for that very reason the focus of the subtle chest decreases compared with the backward pressure of the tongue. This distinction between the energetic chest and the pumping heart is one of the most valuable in the whole observation.

With these three directions, the pharyngeal point ceases to seem like a mere anatomical location and shows itself as a functional point capable of redistributing the process into three vectors: one ascending-perceptive, one integrative-axial, and one descending cardio-abdominal.

The Maturity of the State

As the practice consolidates, many effects that were transient in the novice phase become more stable. The mind grows quiet. Repetitive thought loses strength. Attention becomes concentrated without such visible effort. Peace ceases to be an accidental consequence and begins to appear as the natural climate of the process. The chest becomes a place of freshness, well-being, and love without sentimentalism. The body, moreover, seems to respond better to effort: there is more endurance, more economy, and less inner wear.

The way of understanding also changes. One does not reason less because of incapacity, but because at certain moments things seem to be understood directly, without the usual chain of inner discourse. As if the verbal mind were stepping aside and leaving room for a more immediate comprehension. That does not mean analytical intelligence disappears, but that it ceases to be the sole mistress of knowledge.

The Collaborating Techniques

Although the centre of this study is amrit, two associated techniques help us understand the whole more clearly. The first consists of gently pressing the centre of the forehead with the pad of a finger, directing the inner gaze to that point with the eyes closed, and conducting the breath or the energy there. The resulting sensation is one of a gentle inward pressure and a reflex at the crown of the head. With practice, a small physical hollow even appears in the forehead, which tends to fade if one stops practising. This technique is not the heart of the phenomenon, but it is an excellent collaborator. It concentrates, orders, and opens a frontal-perceptive axis.

The second consists of producing a reflex vibration in the centre of the chest through a murmured sound with the mouth closed. Its function seems even clearer: to expand, amplify peace, and give affective resonance to the process. It does not generate amrit by itself, but it does seem to help distribute it or stabilise its echo in the chest.

These techniques should be kept in their proper place. They help, complete, and sometimes feed back into the main process, but they should not be confused with it.

The Advanced Opening

The advanced phase begins when the process ceases to be felt merely as a regulation of the body and becomes a change in the mode of perception itself. Fullness may grow to the point of giving the sensation of an expansion that exceeds the body's tangible limits, as if one were inside a field that broadens with exhalation. Later light appears. Sometimes it begins as a point. At other times it absorbs perception. It may occur with the eyes closed, with the eyes open, and even while walking.

With the eyes open, the maximal state is not lived as a mere glow superimposed upon the world but as a transformation of the field itself. Objects cease to be perceived as compact objects and begin to be felt as condensations within a general light, often white or with yellowish tones. Their contours seem somewhat larger than they are in ordinary perception, as if the material boundary relaxed and allowed a wider field to be seen. The most precise way to put it would be that one perceives the energy field of things within a global field.

It would be unwise to force a simplistic explanation here. One could speak of changes in figure-ground organisation, in visual integration, or in the internal processing of the perceptual field. But to reduce it to an optical illusion would be an intellectual discourtesy. The phenomenon has structure, continuity, and gradation. Moreover, it does not appear as a disorderly whim, but as the culmination of a process in which breathing, chest, attention, and thought had already changed beforehand.

The Psychological and Relational Dimension

Outside the full state, the practice leaves a residue. In the case observed here, that residue is not a stable sanctity but a still fragile calm, less agitated than the ordinary state, with a preference for solitude or harmonious company. Even so, it allows one to see the impulse better before obeying it. Emotional reaction slows down. One can observe one's own anger, impatience, or excuse before

embodying it completely. In that distance, the role of the observer grows without action being cancelled.

When the state is active and stable, the transformation is greater. Something arises that should not be called telepathy, because it does not consist in hearing thoughts. It resembles tele-empathy more: a direct apprehension of the dominant intention, of the degree of sincerity or self-deception, both in others and in oneself. The decisive point here is that the state seems to demand neutrality. If one tries to use that lucidity in an egoistic, manipulative, or disharmonious way, the state itself degrades. If, on the contrary, inner silence, harmony, and sincere mental stillness are maintained, the state grows, expands, and partially merges the subject with the surroundings without completely erasing personal presence.

The Biochemical Possibility

At this point, the reader may ask what sort of material chain could accompany such a process. The most honest answer is that there is no closed proof, but there is a series of plausible possibilities. At the local layer, the coarse secretion could include mucins, glycoproteins, and modified salivary components. Opiorphin deserves special mention because, being present in human saliva and modulating the degradation of enkephalins, it offers a plausible clue as to why a local secretion might participate in a calming and analgesic state.

From there onward, the most probable route in the core of amrit does not seem trigeminal but glossopharyngeal and vagal, with integration in the brainstem and higher repercussions upon the hypothalamus and pituitary. If the process reorganises breathing, digestion, appetite, chest, attention, and peace, it is not unreasonable to imagine the involvement of endogenous opioids, perhaps beta-endorphin at certain moments, and later hypothalamic-axis neuropeptides such as oxytocin or vasopressin. Not as the total solution, but as part of a series of discharges and couplings. In other words: not a single saving substance, but a family of mediators entering according to the phase and depth of the process.

The Curiosity of the Neuroaxis and CSF

There is a complementary intuition that should not be turned into dogma, but neither should it be left outside. Tantric tradition has spoken of a central axis of ascent and descent. Modern anatomy does not allow us simply to identify that axis with a single operative duct that remains fully open in the adult. Yet there is an internal continuous system made up of the cerebral ventricles, the aqueduct, the fourth ventricle, and the spinal central canal in its embryological origin, all of it related to cerebrospinal fluid.

In adults, the central canal is usually partly or largely closed, and one should not lightly claim that yoga keeps it open as a principal route of flow. But there is something more defensible: a serious practice of breathing, axial mobility, cervical flexibility, and work on the spine may improve the general hydrodynamics of the neuroaxis, the modulation of dural tensions, and the circulation of cerebrospinal fluid. That idea does not explain amrit by itself, but it offers a suggestive perspective for understanding why certain practices seem to organise the body and perception along an internal continuous axis.

Closing

After more than forty years of observation, the most sober yet also the most comprehensive hypothesis would be this: amrit does not seem to be a fantasy, nor a single mysterious substance,

but a layered process. At its base there is a distinguishable local secretion. Upon it there mounts a neurophysiological cascade that reorganises breathing, digestion, attention, the chest, and the affective state. When the process matures, it ceases to be merely a swallowed substance and becomes a subtle state of expanded perception, peace, lucidity, and resonance with the surroundings.

Perhaps this is the most honest way to present it: neither to deny it because it does not fit entirely within current science, nor to sanctify it as though it were already definitively explained. The experience observed over decades calls for a more difficult and cleaner attitude: to look at it with respect, to describe it precisely, to propose reasonable hypotheses, and to leave open what still cannot be closed. Perhaps that mixture of humility and firmness is the best way to honour both experience and intelligence.